



An Introduction to the NICOA Tribal LTSS National Resource Center

September 22, 2021

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NICOA's Tribal LTSS National Resource Center

Wednesday, September 22, 2021

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A stylized yellow house silhouette with a brown roof, a brown door, and a four-pane window with red panes and a brown frame. It is positioned on the left side of the slide, separated from the center by a white torn-paper edge.

Long-Term Services and Supports (LTSS) in Indian Country: Where Do We Begin?

We can start by looking
at the tribe's service
delivery system



➤ **Are separate departments delivering services to a specific target population?**

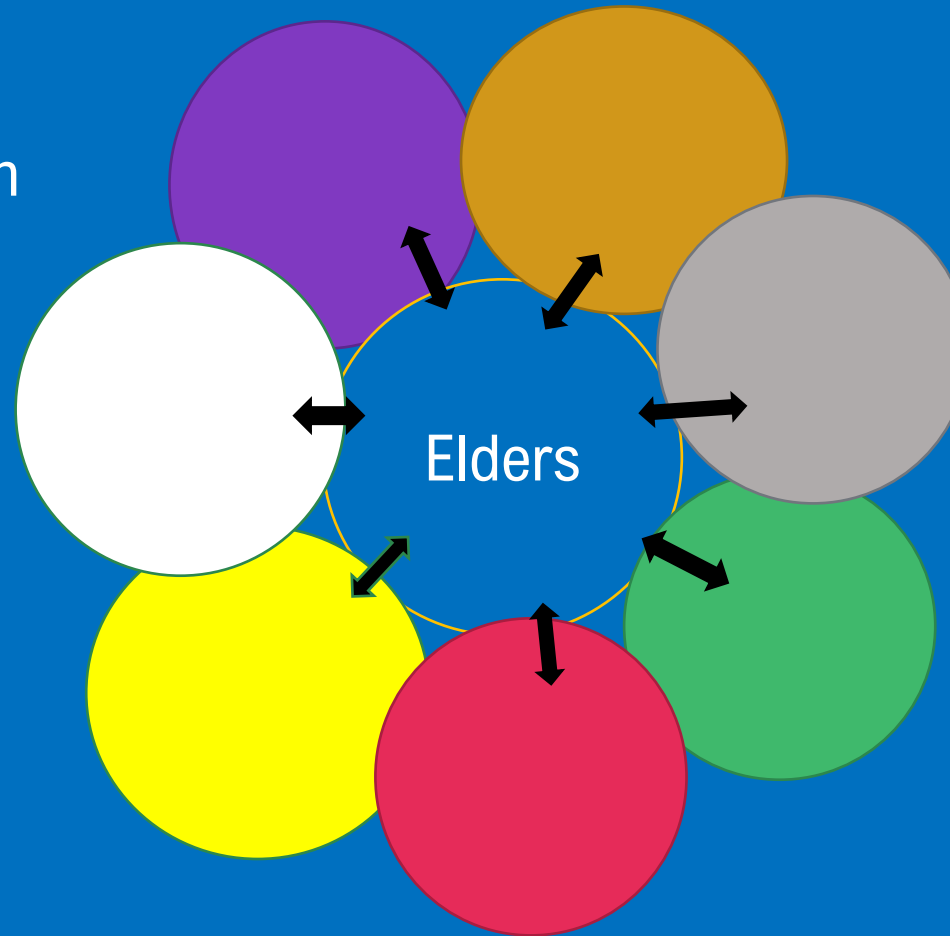
- Is there coordination among and between these departments to plan, develop, and provide services to elders and people with disabilities?
- Are the providers separate and independent departments like the picture (also called “silos”)?



What If All These Circles Intersected with One Another to Provide Services to Elders As Shown Below?

Potential benefits of coordination, collaboration, and service integration

- Sharing resources
- Communication
- Case management function
- Increased funds
- Cross-training
- Information sharing
- Increased staffing



If This Is Something You'd Like to Establish for Elders in Your Community, Where Do You Begin?

- Start by bringing together some program people and community members to find out what they think of the idea
 - Health clinic, social services, housing, CHRs, behavioral health, police, court, senior center, Veterans' services, Head Start, school, human resources, finance, a tribal council member, and an elder



Tribes Have Offered LTSS for a Long Time

- It's like coffee: It comes in different forms and settings, but it's still coffee
- Tribes and program providers at the tribal level provide services that may be considered LTSS
- The difference is they are not coordinated and integrated in a way that services are provided to a targeted population (i.e., elders)
 - The goal is to ensure elders remain in their homes for as long as possible and to delay institutionalization



Getting Buy-In and Support

- Gauge attendees' level of interest in LTSS
- Conduct a community survey to determine how ready the community is to implement LTSS



Establishing LTSS: Some Basic and Preliminary Steps

Human Resources

- **Job descriptions** will have to be modified to include new responsibilities and meet qualification requirements
- **For example**, youth program staff job descriptions will need to be changed to include working with elders in developing intergenerational programs
- Some tribal HR departments set up training programs for new employees, using both internal and external resources
- In some instances, job descriptions can be modified by adding “other duties as assigned”
 - Just make sure the other duties generally fit the original job description

Finance Department

- Staff whose job descriptions have changed and whose salaries will be funded with dollars from different sources will need to be reprogrammed on a cost allocation basis
- **For example**, salaries of public works staff who are now responsible for “welfare checks” could be allocated at 80% housing, 15% social services, and 5% Medicaid (if service is reimbursable)
- If specialized training and knowledge are required, positions will need to be upgraded and salaries adjusted according to the prevailing wage market

What's Next After the Survey to Assess Community Readiness?

Political Actions

**Resolution
to
Tribal Council**
supporting creation of
an elders coordinating
council (EEC) and the
MOU between
programs

Program Actions

**Memorandum of understanding (MOU)
between programs**



Two Potential Routes to Establish an Organizational Medicaid Billing Mechanism

Find a tribal organization that already bills Medicaid

- In most tribes, the tribal health clinic already has an existing billing relationship with Medicaid
- Work with the clinic to see if they will bill Medicaid LTSS on your behalf
- If agreeable, work out how funding reimbursements would be captured and passed on to the service provider

If the elders program wants to bill directly, it will need to:

- Contact the state Medicaid program to find out how to get a Medicaid provider number
- Identify the LTSS services you want to provide and find out what the service requirements are (staff qualifications, organizational requirements, etc).
- Note: This route could take time and add to delays in services



You Have a Billing Organization: What Now?

- Regroup with the EEC to determine who will deliver services that meet criteria
- Identify who will assume the case management function
- Identify and develop data collection forms
- Establish meeting dates to discuss cases and services needed by the clients, preferably on a weekly basis
- Identify other services that are needed but do not meet the criteria for delivery, and develop plans to meet those criteria (e.g., additional staff training, increase qualifications, etc.)

Summary and Overview

Remember

- This presentation is a general overview on what is involved in creating a tribal LTSS program
- The LTSS program will not be perfect the first time; it will change again and again. It's like learning how to make frybread...
- Tribes are different in terms of culture, history, and traditions, and this process can be reconfigured accordingly



Tribal Leaders: Thinking about Building a Tribal Long-Term Care Facility in Your Community?

**Some
Issues and
Variables
to
Consider
As You
Start This
Quest**

Presentation Purpose and Framework

- This presentation is designed to enable tribes to begin their planning processes and should be considered as a generalized overview
- The process and elements of this are complex and much more detailed than the simplified version here
- Consider this as a beginning step and remember there are 50 states, each having different requirements for constructing a long-term care (LTC) facility



Certificate of Need

- Currently, 35 states require a certificate of need
- As mentioned earlier, each state has different requirements for building LTC facilities
- There must be a need for the facility
 - This usually means looking at the area and determining it is not being overbuilt with LTC facilities
- Those 35 states will have different standards that one must meet before facility construction is approved
 - Be sure to check out these requirements



Revenue Expectations Per Occupancy Assumptions

- Medicare: How many people in your community meet Medicare requirements? And what are the projected reimbursements that can be collected?
 - Medicare conditions of participation (CoPs) must be consulted for certification
- Medicaid: What are the anticipated numbers of people who are eligible for Medicaid and the anticipated reimbursements that you are could collect from the Medicaid program? Some states require that a certain percentage of new beds be certified as Medicaid (usually 50%). Check local requirements.
- Private pay: Are there individuals who could pay from their private insurance? These are individuals who could pay the full costs of care in the facility.
- Veterans Administration: How many eligible Veterans are in the area? This source would require a contract, a survey, and an authorization from VA.
- Charity: How many people may need the support from the tribe and are not eligible for any of the above payment sources?
- Occupancy ramp-up: What are the anticipated types of individuals who could occupy the facility on the first day of operation? What would the mixture look like? How many would be Medicare, Medicaid, or private-pay residents in the facility on that first day?



Research Your State's Medicaid Requirements

- Check with your state's Medicaid program to find out what the processes are for developing and constructing a LTC facility
- Find out what the qualifications are for staffing, infrastructure, water pressure, footage per patient, reimbursement rates, and which officials to contact at the state offices
- Remember, state Medicaid programs have different names
 - In California, it's called "Medi-Cal"
 - In Arizona, it's called "AHCCS"



Consider the LTC Facility's Location

- Proximity to referral sources



Specialists



Hospitals



Stores, Transportation,
and Other Conveniences

Question: Is There Sufficient Need for Services?

- **The market:** What are the demographics for services in the area where you want to build the LTS Facility? Are there other facilities in the area? How unique would your facility be in comparison to others in your area?
- **The beds:** Is there a need for additional beds in your area? How would the additional beds that you are proposing differ from others in your area?
- **The competition:** How will the competition for beds impact your area? What are the possible political implications of having additional beds in your area? Can you compete, and to what extent is the facility you are planning different from those in your area?



What to Include in Pro Forma Projections for the Facility

- Operating expenses
 - Fixed costs: Rent, loan costs, utilities, etc.
 - Variable costs related to occupancy mix and numbers
 - Start-up costs: Costs that come with the planning process, bids, time of staff in planning, etc.
 - Other costs: Unanticipated costs associated with material shortages, etc.
- Revenue expectations per occupancy assumptions
 - Medicare: What are the anticipated numbers of individuals who would be eligible for long-term care through the Medicare program? Remember that Medicare can only pay for a certain number of days for this.
 - Medicaid: What are the total numbers of people who would be eligible for Medicaid in your state? To do this, you would need to review the assessment form used to determine eligibility for nursing home care in your respective state.

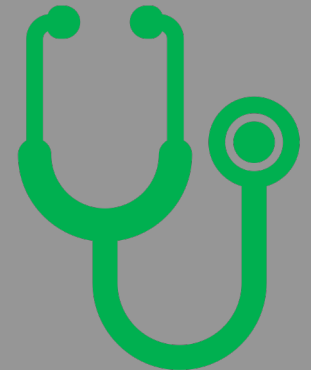
What to Include in Pro Forma Projections for the Facility (cont.)

- Private pay: How many people in your community have private insurance or the resources necessary to pay for the costs of care in your facility?
- Veterans Administration: Number of Veterans who would be eligible for LTC services
- Charity: What are the numbers of people in your community who would require the support of outside resources to receive services in the facility?
 - These resources could be tribal, foundations, etc.
- Occupancy ramp-up: What would the occupancy and characteristics of the residents of the facility look like on the first day of operation? What do you anticipate the payment mixture to look like? Mostly Medicare? Medicaid? Private pay? Charity? What is the ideal mixture to ensure the financial stability of the facility? These are important considerations in the successful operation of the facility.

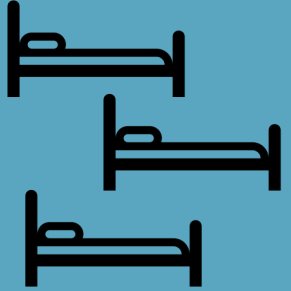
Things to Remember When the LTC Is Up and Operational

Once the facility begins operating, having sufficient funds to sustain it for several months is absolutely critical. Why?

- State surveyors will want to come in and inspect after the facility has produced a variety of operating records: Staffing schedules, medication administrations, treatments, therapy modalities, meals (including special diets), life safety activities (e.g., fire drills and generator checks), etc.
- Additionally, CMS will want to see specific treatment regimens on otherwise qualified Medicare patients
- So, most/all of these operating costs will go unpaid until Medicaid and Medicare participation is approved (and they do not pay retroactively)



Pro Forma Projections Forecasting Economy of Scale, Payer Types and Services



Size/number of beds: Consider economy of scale, usually 120 beds

Types of beds: Skilled nursing? Level 1? Behavioral/dementia?



Payer mix: Medicaid, Medicare, private pay

Identify Funding Opportunities

- Governmental (Medicaid, Medicare, VA, and other governmental sources)
- Grants
- Foundations
- Group or individual sponsors
- Fundraising events
- Others



Identify How Funds Will Be Used

- Land costs?
- Architecture and engineering?
- Construction—physical plant?
- Furniture, fixtures, and equipment (FFE)?
- Subsidizing patient care during operation?
- Other?



Identify Potential Partners and Consider How You Will Work with Them

- Sharing resources, especially personnel
- Referral networking
- Communication and marketing
- Sharing or blending services
- Building on established reputation/market share





National Indian
Council on
Aging, Inc.

Closing Observations and Summary



Visualization, planning, and construction of an LTC facility is complex and requires considerable thought



This brief presentation provides a community leaders with a framework for the idea



Thank you to David B. Wildgen, MPA, LNHA, for the information provided

Paying for LTSS

A Beginner's Guide

LTSS in Motion

Definition of LTSS

- LTSS is a coordinated, collaborative approach to providing care to elders in your community
- May involve senior centers, police department, social services, courts, behavioral health, schools, clinics, and wellness centers, to name a few



Combining Public Health Function and A Medical Model: An Example

Public Health Services	Clinical Care/Medical Services
Prevention Focus <ul style="list-style-type: none">• Education and Information• Screening• Control• Management	A Need to “cure” focus <ul style="list-style-type: none">• Education and Information• Screening• Control• Management
Population/community/group Base	A Need to “cure” focus
Relatively low cost per capita	Highly costly

Examples of Billable LTSS in Your Community

Transportation

- Senior centers offer home-delivered meals
- CHRs deliver medications, transport patients to medical appointments, and conduct wellness checks



Other Billable LTSS

Case management

- Defined as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes”



Remember: Medicaid Differs from State to State

Examples of Medicaid LTSS programs

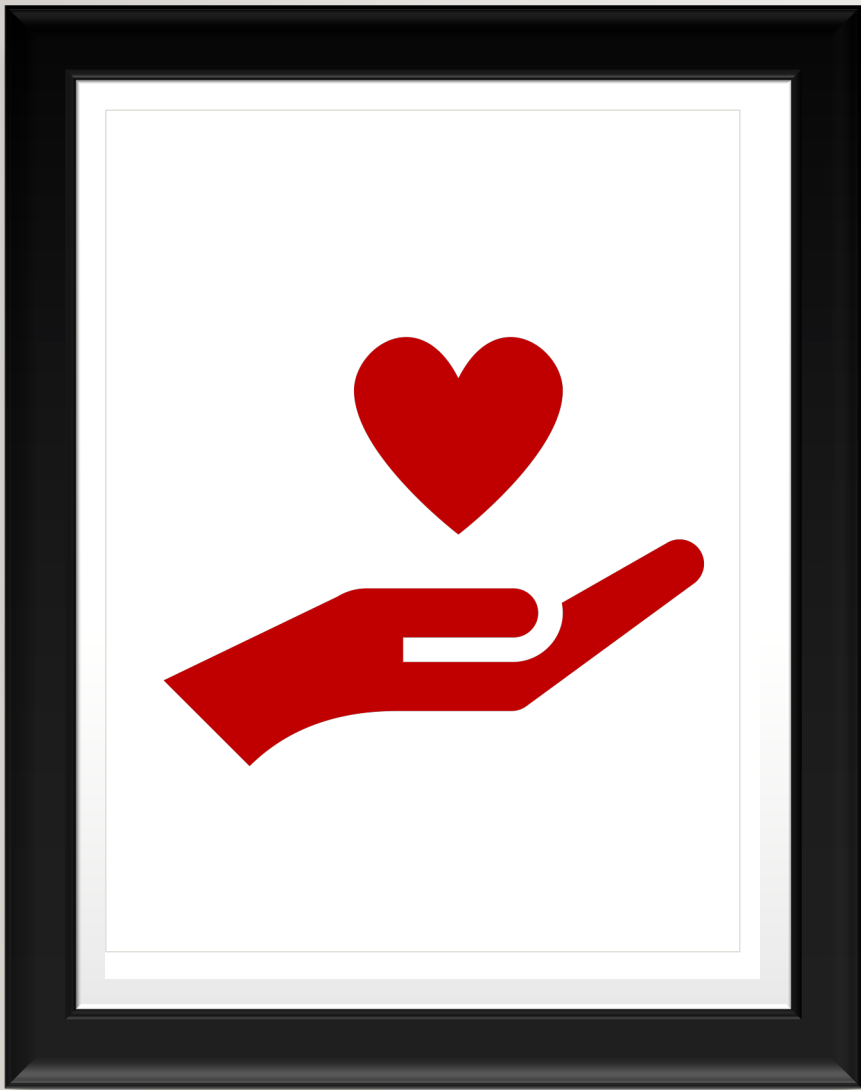
- New Mexico
 - Home-delivered meals, chore services, transportation
- Oklahoma
 - Home health aids, home-based hospice, therapies



LTSS Funding Sources

- Medicare
- Medicaid
- Veterans Administration
- Personal insurance
- Grants (state and federal)
- Indian Health Service*
- Bureau of Indian Affairs
- Older Americans Act Title III and Title VI
- Private pay
- Tribal support (tribal cost resource sharing)





Thank You!

Thank You!

Please contact us if we can assist your tribe.

National Indian Council On Aging

Larry Curley, Executive Director

505-292-2001

<https://nicoaltsscompass.org/>

